ARIZONA STATE BOARD OF HEALTH State File No. BUREAU OF VITAL STATISTICS Registered No 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH County or Village_ District or Towns (XII birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 2. Full name of child 4. Twin, triplet or other 6. Legitimate? To be answered ONLY 7. Date in event of plural of birth Year 5. No., in order of birth births. 14. FATHER Full malden parae 15 Residence 9. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state If non-resident, give place and state. 16 Color or race 10. Color or race 17. Age at last birthday (Years) Me Le 11. Age at last birthday... 18. Birthplace (city or place) 12. Birthplace (city or place). (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry Nature of industry 21. Were precautions taken against oph-20. Number of children of this mother. (a) Born alive and now living thalmia neonatorum? (b) Born alive but now dead. (Taken as of time of birth of child berein certified and including this child.) (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was distant m, on the date above stated (Born alixa or stillborn.) * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn Signature child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwile) Given name added from a supplemental report.... Addre Month, day, year

Registrar

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